I. PURPOSE:

To provide guidance for authorization of neuropsychological and psychological testing.

II. SCOPE:

This policy applies to Network180 and its contracted providers.

III. DEFINITIONS:

A. Neuropsychological Testing: Neuropsychological conditions affect the central nervous system. Services for these conditions include diagnostic testing, pharmacological treatments, medical management, and behavioral health services. Referrals for neuropsychological testing are made by licensed physicians (unless otherwise specified below). The most common reason for a referral is for diagnostic and treatment planning purposes when a central nervous system disorder is suspected and where there are suspected neuro-psychological impairments. The purpose of a neuropsychological assessment is to detect the presence or absence of brain dysfunction by measuring various components of a patient’s cognitive function. Neuropsychological testing and evaluation may be considered a useful diagnostic option when indicated for certain individuals who meet medical necessity criteria.

B. Psychological Testing: Psychological testing involves the culturally and linguistically competent administration and interpretation of standardized tests to assess an individual’s psychological or cognitive functioning. Referrals for psychological testing may be made for a second opinion for treatment failures and/or cases that are difficult to diagnose. Psychological testing may include one or more tests given to aid in the evaluation of an individual with emotional, psychiatric, neuropsychiatric, personality illness(ies), or developmental delays.
IV. REFERENCES/LEGAL AUTHORITY:

- Michigan Department of Health and Human Services (MDHHS); *Medicaid Provider Manual*
- Centers for Medicare and Medicaid Services (CMS); *Standards and Criteria for Utilization Management*
- MCL 330.1602 and 330.1612

V. POLICY/COVERED SERVICES:

A. Medical Necessity Criteria

The following are required to consider administration of psychological and/or neuropsychological testing in individuals 18 years and older with a severe mental illness.

1. Network180 considers neuropsychological testing medically necessary for diagnostic assessment essential to the development of a treatment plan when there has been cognitive impairment due to psychiatric conditions, a significant mental status change not due to a medical disorder that has failed to respond to treatment or a significant behavioral change. An example of a situation when neuropsychological testing may be medically necessary would be for a differential diagnosis between psychogenic and neurogenic syndromes; and

2. Network180 considers neuropsychological testing and psychological testing medically necessary when needed to enhance psychiatric or psychotherapeutic treatment outcomes after detailed diagnostic evaluation if/when:
   a. Assistance is needed in the differential diagnosis of a mental disorder or neurological disorder when the individual's history and symptomatology are not readily attributable to a particular psychiatric diagnosis and the questions to be answered by testing could not be resolved by a psychiatric/diagnostic interview, observation in therapy or an assessment for level of care at a mental health or substance abuse facility; or
   b. Testing may be considered when the individual meets two or more of the following:
i. Known illness causing organic brain injury (e.g., stroke, TBI, epilepsy, brain tumor, etc. – with medical documentation)
ii. Failure with more than one therapist or therapy modality
iii. Failure to stabilize in spite of high acuity care (e.g., crisis RTC, RTC, inpatient psychiatric hospitalization, Wraparound)
iv. Failure to achieve progress on three or more medication trials (if psychiatry has not been consulted there needs to be documentation as to why a psychiatry referral has not been attempted)
c. If applicable, the assigned psychiatrist concurs with the need to obtain neuropsychological or psychological testing.
d. No valid existing neuropsychological or psychological testing is available, or the neuropsychological testing is more than three years old or occurred before onset of illness.

B. Medical Necessity Criteria: The following are required to consider administration of psychological and/or neuropsychological testing in individuals below the age of 18 years with serious emotional disturbance.
1. Network180 considers neuropsychological testing medically necessary for diagnostic assessment essential to the development of a treatment plan when there has been cognitive impairment due to psychiatric conditions, a significant mental status change not due to a medical disorder that has failed to respond to treatment, a significant behavioral change or injuries or illnesses that occur during pregnancy or early infancy. An example of a situation when neuropsychological testing may be medically necessary would be for a differential diagnosis between psychogenic and neurogenic syndromes; and
2. Network180 considers neuropsychological testing and psychological testing medically necessary when needed to enhance psychiatric or psychotherapeutic treatment outcomes after detailed diagnostic evaluation if/when:
   a. Assistance is needed in the differential diagnosis of a mental disorder or neurological disorder when the individual’s history and symptomatology are not readily attributable to a particular psychiatric diagnosis and the questions to be answered by testing could not be resolved by a psychiatric/diagnostic interview, observation in therapy or an assessment for level of care at a mental health or substance abuse facility; or
   b. Testing is needed to determine and/or to recommend the most effective treatment after the individual has been tried on various medications and/or psychotherapy and has not progressed in treatment and continues to be symptomatic.
c. Valid and existing neuropsychological or psychological test results are not available, or the neuropsychological testing is more than three years old or occurred before onset of illness. If applicable, the assigned psychiatrist concurs with the need to obtain neuropsychological or psychological testing. This service includes pre-testing interviews and post-test interpretive activities.
3. The purpose of the Autism Benefit is to provide for the coverage of Behavioral Health Treatment (BHT) services, including Applied Behavioral Analysis (ABA), for children under 21 years of age with Autism Spectrum Disorders (ASD). The
benefit allows neuropsychological testing when a qualified licensed practitioner feels it is necessary in order to determine a diagnosis and medically necessary service recommendations. A review for medical necessity of neuropsychological testing is not required prior to completion of testing.

**C. Network180 considers neuropsychological and psychological testing and evaluation NOT routinely medically necessary for:**

1. Pre-surgical clearance.
2. Uncomplicated cases of attention deficit disorder with/without hyperactivity [neuropsychological testing may be considered medically necessary for neurologically complicated cases of ADD/ADHD (e.g., seizures).]
3. Diagnosis and management of persons with chronic fatigue syndrome (psychological testing may be medically necessary to differentiate chronic fatigue syndrome from psychiatric diagnoses when criteria for psychological testing are met).
4. Routine diagnosis and management of persons with delirium or other neurocognitive disorders. Consideration may be given to circumstances in which there is a need for objective measurement of an individual’s subjective complaints about memory, attention, or other cognitive dysfunction, which serves to inform treatment by differentiating psychogenic from neurogenic syndromes (e.g., dementia vs. depression), and in some cases will result in initial detection of neurological disorders or systemic diseases affecting the brain.
5. Individuals actively abusing substances, having acute withdrawal symptoms or recently entered recovery as test results may be invalid.
6. Education testing – this testing is provided by school systems under applicable state and federal rules. In addition, neuropsychological and psychological testing for educational reasons is not considered treatment of disease.
7. Employment, disability qualification, guardianship evaluation or legal/court related purpose for individuals 18 years and older with severe mental illness is not covered as it is not considered treatment of disease.
8. Routine batteries of psychological tests given at psychiatric inpatient admission or continued stay.
9. Exceptions to this may be considered on a case by case basis in consultation with the Network180 Medical Director.

**D. Guardianship for an Individual Having an Intellectual/Developmental Disability**

Network180 will authorize administration of neuropsychological or psychological testing for individuals having an intellectual/developmental disability for purposes of guardianship when appropriate and supported by the Michigan Mental Health Code. This does not require prior authorization by Network180.

**E. Typical Utilization Pattern and Associated Outcomes**

1. Identification of a plan to improve the health and safety of the individual through differential diagnosis, accommodation of intellectual capacities, and/or investigation of clinical indicators necessary to support the individual/guardian’s
desired future.
2. Scoring of psychological testing, report writing, and sessions to review test results are considered integral to the testing and are not eligible for separate reimbursement.

VI. PROCEDURE:

A. The following process is applicable to all individuals:
   1. The individual will have pursued authorization and coverage for this service from their qualified health plan or commercial insurance and has received notice of denial of coverage.
   2. Prior authorization and approval is required from Network180 (excluding I/DD guardianship and Autism Benefit).
      a. A formal written request for authorization, using the Neuropsychological/ Psychological Testing Authorization Request Form is required. The individual’s case manager or supports coordinator must document clinical support of medical necessity criteria and submit to Network180 for review and determination. Network180 may require evidence of a licensed physician referral for services to verify medical necessity criteria; and
      b. A referral and/or prescription from a licensed psychiatrist is required for psychological and/or neuropsychological testing for individuals not currently authorized for Network180 services.
   3. The individual’s clinical record must indicate the name of the person who administered the tests, the results of the tests, the actual tests administered, and any recommendations. The protocols for testing must be available for review. This service includes pre-test interviews and post-test interpretive activities.

VII. CODING INFORMATION: ICD-9 Codes that may support medical necessity

96101 – Psychological Testing
96102 – Psychological Testing by Technician
96118 – Neuropsychological Testing
96119 – Neuropsychological Testing by Technician

VIII. ATTACHMENTS:

• Neuropsychological/Psychological Testing Authorization Request Form